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MORAL DISSONANCE AT WORK AND EMPLOYEES' PSYCHO-PHYSICAL HEALTH[2]

The main objective of this research was to determine the frequency of the occurrence of moral dissonance in the workplace, and its possible consequences for employees' psycho-physical health. External ethical dissonance at work is defined as a condition stemming from a discrepancy between the employee action and ethical standards in place in the organization, and is primarily caused by the unethical pressure of the management. A sample of 311 employees of both genders, employed both in the private and public sector, with different educational levels and of different ages and seniority, have applied measures of psycho-physical health, measures of frequency of ethical dissonance at work, and the Demographic Characteristics Questionnaire. Results show that out of 311 respondents, 72% of them report that they have been in a state of external ethical dissonance at least once in the past year, so we conducted further analyses on data gathered from these 224 employees. Factor analysis of the SUED2R questionnaire has revealed that measures of external ethical dissonance are classified into three indicators, according to the type of unethical pressure: lying for the benefit of the organization, harassing others, and supporting wrong people in the organization. We have found that the incidence of such ethical dissonance is significantly higher in the private than in the public sector, that the increased incidence of all three forms of work dissonance is associated with an increased incidence of symptoms of health disorders. It is concluded that the pressure to act unethically (corrupt behavior) probably contributes to the deterioration of employees' health. The significance of these findings is that, for the first time, they clearly demonstrate a systematic link between pressuring employees into corrupt behavior, and their psycho-physical health.

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Key words: corruption, employees, ethical dissonance, psycho-physical health, work ethic

Introduction

Researches show that unethical judgments about others in the workplace (e.g., discrimination), unjust treatment of managers (e.g., favoritism in remuneration), or threatening behavior toward others (e.g., bullying) have negative consequences on health and well-being (e.g., Hoel et al., 2004; Landrine et al., 2006; Niedl, 1996), as well as the more frequent sick leave of those employees who are the target of such practices (Elovainio et al., 2002). Furthermore, research indicates negative effects on perpetrators of unethical behavior, as well as on those indirectly involved in these events, such as co-workers, family members, or witnesses of such events (Evans et al., 2007). Giacalone and Promislo (2014) cite three mechanisms that can explain the impact of unethical work behavior on well-being and health: experiencing stress, experiencing trauma, and the appearance of unhealthy behavior patterns (e.g., smoking cessation, alcohol, drug use, etc.). In particular, exposure to an unethical event, and especially its evaluation, produce negative emotions that lead to stress and impaired well-being (Suinn, 2001). An unethical act, such as undeserved dismissal, can produce trauma in terms of loosing basic confidence in people, institutions, or the system as a whole (Moore et al., 2004). Such trauma produces impaired well-being and impaired health, and can even lead to an increased mortality in the population (Friedman & Schnurr, 1995; Schnurr et al., 2002). Finally, the exposure to unethical behavior can alter a person's healthy eating, exercise, treatment, and rest habits (Lee et al., 1992), which is directly related to an increased incidence of diseases, such as heart disease, breast cancer, and AIDS (Adler & Matthews, 1994; Hemingway & Marmot, 1999). Such effects can be explained by the theory of self-preservation (the self-maintenance model of dishonesty; Ayal & Gino, 2011; Barkan et al., 2012), whereby a person behaves unethically in a state of ethical dissonance and, if this state does not resolve positively, the person becomes anxious, and seriously impairs his/her integrity. A state of dissonance occurs in such situations, because individuals display a strong tendency to preserve the image of himself or herself as a moral person, avoiding the temptation to act immorally (Aquino & Reed 2002; Bazerman & Tenbrunsel, 2011).

Ethical dissonance is defined as a state of disparity between a person's unethical behavior and his or her need to maintain the self-image of a moral person (Barkan et al.; 2015, Majstorović, 2012a). However, this research focuses on situations where an employee experiences a state of ethical dissonance caused by external pressure to act in a manner that is contrary to organizational ethical standards. If the employee succumbs to this pressure, he/she may violate the image of himself or herself as a person who follows the organizational work ethic. The individual condition resulting from external pressure to violate organizational ethical standards is operationalized as a state of external ethical dissonance at work.

So far, no research has been conducted on the frequency of external ethical dissonance at work or confirmation obtained that the frequency of externally induced unethical behavior at work has repercussions on the psycho-physical health of employees. Kolarski (2019) finds that the perception of organizational work ethics as egoistic is related to the acceptance of various corrupt rationalizations, which, according to Majstorović (2012), indicate a state of ethical dissonance that can be caused by the pressure to corrupt. Furthermore, Kolarski (2019) also finds that the dominance of an egoistic ethical climate in an organization is associated with symptoms of health disorders, such as depressive reactions and social functioning disorders. An empirical basis for investigating the relationship between external ethical dissonance at work and health is indirectly present in research findings that indicate a link between prolonged stress caused by violations of personal ethical standards, on one hand, and diminished experience of personal value, (Janoff-Bulman, 1989) and impoverished self and coping resources (Zapf et al., 1996), on the other. When it comes to the relevance of industrial sector and demographic features for employees' health, the research in India shows that the mental health of private sector employees is higher than the mental health of those in the public sector (Srivastava & Krishna, 1992). Furthermore, it has been found that there is no a significant difference in the level of general stress among employees in Indian industrial sectors, although such differences exist in groups that differ in years of service and educational level (Bano & Jha, 2012).

Based on these studies, it is assumed that a violation of organizational ethical standards, in addition to personal ethical values, leads to a state of ethical dissonance that equally produces negative effects on the psycho-physical health of employees. Namely, equivalent to a state of cognitive dissonance (Festinger, 1957; Festinger & Carlsmith, 1959), a person can resolve the state of ethical dissonance at work by conforming to unethical organizational standards, and suffering negative consequences to his or her professional integrity and self, or by refusing such demands, therefore risking loss of the status and loss of job security. Given that an individual in defense of his or her professional integrity cannot rely on clearly stated and supported ethical standards (because they do not exist or are present, but have not been consistently applied), he / she conforms to the unethical standards of influential individuals and groups (1), he/she chooses isolation (2) or he/she leaves the organization (3). The first and second solutions mean a state of stress and a likely impairment of health, unless the person approaches the resolution of ethical dissonance by giving up his or her professional / personal integrity, thereby accepting antisocial assimilation (Figure 1; Burchard, 2011). The third solution requires a change of a job and organization with many uncertainties that accompany such a change, including dealing with the state of work ethic in the new organization. The research shows that the very condition caused by ethical disparity between the organization and employees is the reason for leaving the organization (Coldwell et al., 2008). The strength of this employee fluctuation factor

can be explained by the properties of ethical dissonance which, according to Barkan et al. (2015), is central to self-perception, a threat to personal integrity, and a violation of social norms.

We can conclude that the previous research indirectly shows that an unresolved state of external ethical dissonance is likely to affect psycho-physical health in employees. However, there is a lack of research to confirm such an association. Also, there is a shortage of research on the occurrence of ethical dissonance at work, as well as the analysis of the impact of industry sectors and demographics on the frequency of ethical dissonance and its relationship to the employees' health. Therefore, the following goals have been set for this research:

1. To examine the frequency of external ethical dissonance at work in public and private sectors;

2. To analyze the relationship between the frequency of external ethical dissonance at work and the state of employees' psycho-physical health, and

3. To determine whether the demographic characteristics of employees affect ethical dissonance at work frequency distribution.

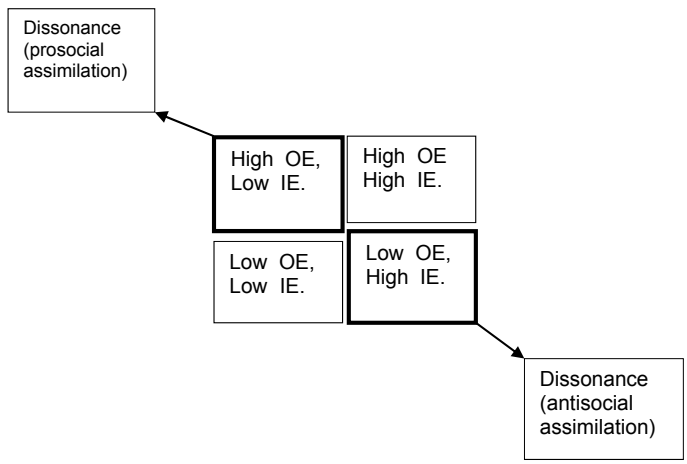

Figure 1. Cyclic model of ethical dissonance (IO-individual ethics; OE- organizational ethics) (Burchard, 2011)

Based on the Theory of Self-Preservation, the Cyclic Model of Ethical Dissonance, and a previous conceptualization of external ethical dissonance at work, the hypotheses that will be tested in this research have been put forward. However, it must be emphasized that no research has been done on the incidence of ethical dissonance or its relevance to psycho-physical health, and that, for this reason, the assumptions below are largely exploratory in nature:

H1: The frequency of external ethical dissonance is different in public compared to private sector organizations,

H2: A frequent state of external ethical dissonance at work is associated with a higher frequency of psycho-physical health disorder symptoms in employees,

H3: No significant differences are expected in the frequency of external ethical dissonance among employees of different gender, and

H4: The frequency of external ethical dissonance is different for employees differing in years of service in their organization.

Method

Sample

Data were collected from an at-hand sample of 311 employees in the territory of the Republic of Serbia and Bosnia and Herzegovina. The respondents were of both sexes, differing in education, employed in private and public sectors, with an average age of 36.9 years old, and an average length of service of 7.5 years. After analyzing responses to measure the incidence of ethical dissonance at work, the sample was reduced to 224 employees. These were employees who reported that, they were in a state of ethical dissonance at least once during the past year due to external pressure (Table 1).

Table 1
Sample of participants - demographics (N = 224)

Variable	Categories	Frequency	%
Gender	Male	42	18.75
	Female	182	81.25
Level of education	High School	32	14.29
	College	55	24.55
	BA degree	69	30.80
	MA degree	68	30.46
Sector	Public	144	64.29
	Private	80	35.71
Years of service	Up to 5 years	128	57.1
	From 5.1 to 15.0 years	60	26.8
	Over 15 years	36	16.1

Instruments

The Psycho-Physical Health Scale

The Psycho-Physical Health Scale (SPFZ-1; Majstorović, 2011) is intended as a self-assessment of the degree of presence of psycho-physical health disorders. The scale has a total of 23 four-point Likert-type items. The scale consists of the five dimensions, as follows: Physical Health Disorder (e.g., *In the last few weeks, have you had stomach problems or other digestive issues (gastritis, etc.)?*), Fear and Anxiety (e.g., *In the last few weeks, have you been tense and nervous?*), Depressive Reactions (e.g., *In the last few weeks, have you felt like you are worthless as a person?*), Fatigue (e.g., *In the last few weeks , have you had the impression that you were tired for no apparent reason?*), Disorder of Social Functioning (e.g., *In the last few weeks, have you avoided meeting people?*). The instructions given to the respondents were to evaluate, on a four-step scale, the extent to which they had experienced any of the symptoms of a health disorder in recent weeks (1 - *no*, *I did not*; 2 - *yes, but rarely*; 3 - *yes, often*; 4 - *yes, daily*).

The Ethical Dissonance Scale

The Ethical Dissonance Scale (SUED2R; Majstorović, 2020) is constructed according to the Cyclical Model of Ethical Dissonance (Burchard, 2011), which predicts the situation of "low ethics of the organization and high ethics in employees", as one of two forms of ethical discrepancy between an individual and an organization. The questionnaire consists of 9 items in which respondents evaluate the frequency of the previous situation by using a five-point Likert-type scale (1 - *never*; 2 - *very rare*; 3 - *sometimes*; 4 - *often*; 5 - *very often*) (e.g., *In the past year, I was required to withhold information even though our work is transparent*.). Factor analysis of these items yielded three dimensions that were interpreted as harassing others, deceiving others for the benefit of the organization, and supporting the wrong persons in the organization (3 items per factor).

Data Collection and Analysis Procedures

The data were collected through an online survey consisting of three questionnaires and a list of demographic characteristics. Before completing the questionnaire, respondents were provided with all information needed to give their informed consent to participate. The survey was conducted during November andDecember of the year 2019, in the territory of the Republic of Serbia and Bosnia and Herzegovina.

After verifying the integrity and quality of entered data (Majstorović, 2012b), the analyses were conducted by using statistical descriptive tech-

niques, calculating correlations, using multiple regression analysis, and analysis of variance. All analyses were conducted by using IBM SPSS Statistics (Version 23).

Results

Since research on the frequency of external ethical dissonance at work has not been conducted until now, the results of the frequency of ethical dissonance in the entire sample of respondents are presented below. The analysis of relationships was conducted on a sample reduced to the number of employees who were in a state of ethical dissonance at least once in the past year. Frequency distribution revealed that out of the total of 311 employees surveyed, 72% (224 respondents) stated that they had been in a state of ethical dissonance at least once in the past year, due to pressure by others in the organization. It was also noticeable that over 20% of this group of employees estimated that ethical dissonance occurred moderately to very often (Figure 2).

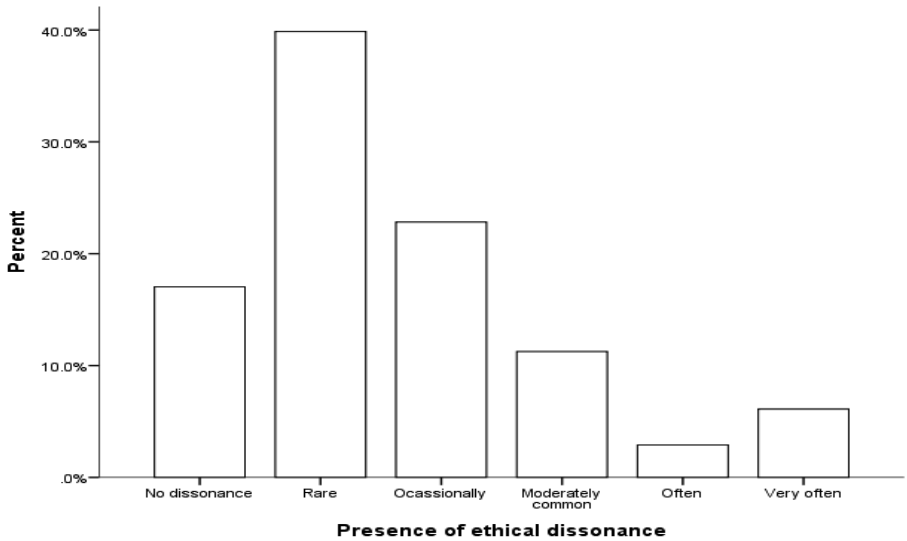

Figure 2. Frequency distribution of ethical dissonance at work (*N* = 311)

If one compares percentages of the incidence of ethical dissonance within the public and private sectors, it can be seen that there is a weak tendency to more frequent dissonance within the public sector, although the state of dissonance is more frequent in the private sector when estimated as "very often" (Figure 3).

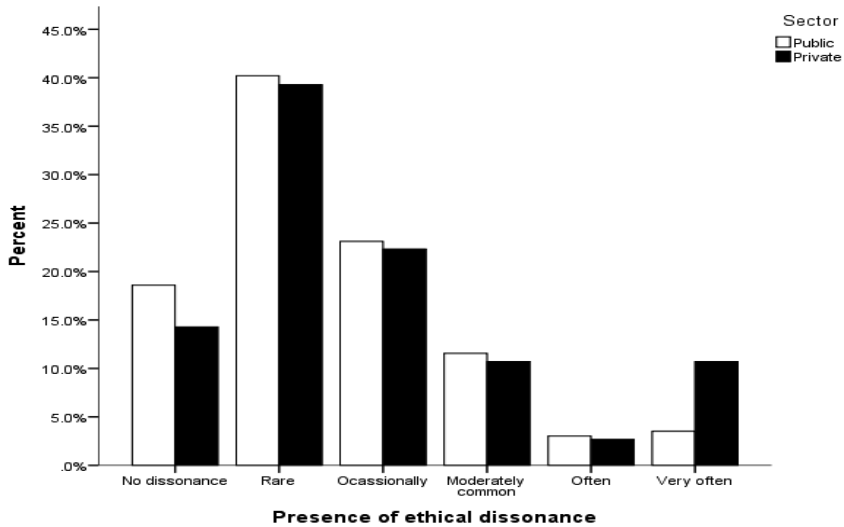

Figure 3. Estimated frequency of ethical dissonance among employees in two industrial sectors (*N* = 311)

Distribution of dissonance attendance percentages across categories of seniority indicates a tendency for employees with a seniority of over 15 years to report the presence of ethical dissonance at work, compared to the other two groups (Figure 4). The analysis results of the significance of differences by the sector and seniority are presented later in the text.

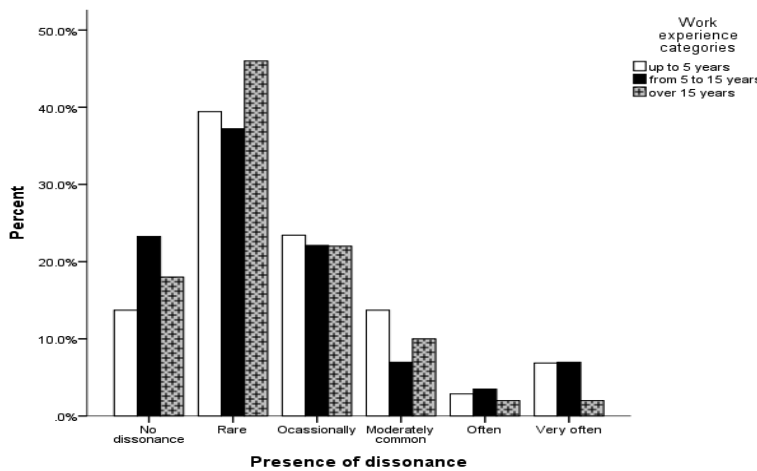

Figure 4. Estimated frequency of ethical dissonance with regard to employee experience (*N* = 311)

The research results obtained on the sample reduced to 224 employees are presented below. Table 2 shows measures of the central tendency and dispersion, skewness and kurtosis of the frequency distributions of symptoms of health disorders, measures of the frequency of ethical dissonance and its facets, as well as the coefficient of internal consistency (Cronbach's alpha α) of all measures applied.

Table 2
Descriptive characteristics of the health scale and ethical dissonance scale dimensions

Variable	*M*	*SD*	Skewness	Kurtosis	Range	α
Psycho-phys. Health Total	42.74	10.57	0.52	-0.29	23-72	.91
Physical Health	6.36	1.88	0.21	-0.65	3-11	.61
Fear and Anxiety	7.52	2.29	0.71	0.02	4-15	.68
Depression Reactions	13.33	3.89	0.81	0.16	8-26	.77
Fatigue	6.34	2.29	0.46	-0.57	3-12	.74
Social Functioning Disorder	9.14	2.52	0.49	-0.30	5-16	.71
Ethical Dissonance Total	15.20	5.24	1.56	2.47	10-36	.78
Supp. the Wrong Person	5.65	2.84	1.22	0.98	3-15	.82
Harassing Others	5.34	2.26	1.18	1.33	3-14	.70
Deceiving for the Org. Benefit	4.21	1.85	1.85	2.87	3-11	.66

Note. *M* – mean; *SD* - standard deviation; α - alpha coefficient of internal consistency.

The values in this table indicate that frequency distributions are close to the normal curve, except in the case of the distribution of scores on the ethics dissonance questionnaire. The left-curved and elongated distribution of these scores is a result of the fact that a relatively large number of participants chose the category 'never' compared to other categories on the rating scale.

Hypotheses Testing

The results of hypothesis testing are presented below. According to H1, a significant difference is expected in the frequency of external ethical dissonance between employees in public and private sectors. The results indicate that the private sector employees report a statistically significant greater frequency of ethical dissonance, especially in the form of pressure to deceive others in order to maximize benefits for the organization (Table 3). Since the measures of ethical dissonance frequency showed deviations from normality, and the homogeneity of the variance test was statistically significant, a bootstrapping method was applied to correct the standard error in the differences between the mean values, and to check the previous conclusion. The results

obtained on 1,000 generated samples led to the same conclusion. Namely, 95% confidence intervals for the calculated standard errors of differences were of the same sign and in the range of -3.59 to -0.20 for the Total ethical dissonance scores, and in the range of -2.01 to -0.86 for Deceiving for the benefit of the organization scores.

Table 3
Differences between employment sectors in frequency of ethical dissonance at work

Variable	Sector	*N*	*M*	*SD*	*t*	*df*	*p*	Hedges'g
Total of Ethical Dissonance at Work	Public	144	14.58	4.46	2.20	124.28	.03	.00
	Private	80	16.33	6.27				
Harassing Others	Public	144	5.21	2.17	1.10	222	.27	.00
	Private	80	5.56	2.42				
Deceiving for the Org. Benefit	Public	144	3.69	1.18	5.05	100.56	.00	.01
	Private	80	5.14	2.40				
Supporting the Wrong Person	Public	144	5.67	2.73	0.10	222	.92	.00
	Private	80	5.63	3.05				

Note. *M* – mean; *SD* – standard deviation; *t* – value of t-test; *df* – degrees of freedom; *p* – significance level.

With at least 95% of certainty, it has been concluded that the results fully support H1, that is, that employees in the private sector are significantly more likely to be in the state of ethical dissonance, because they are more often forced to deceive others in order to contribute to the business benefit of their organizations. There are no cross-sector differences when it comes to the external pressure to harass others or to support the wrong people.

The hypothesis of an association between the incidence of total dissonance, as well as three types of ethical dissonance at work on one side, and total health and five aspects of psycho-physical health on the other side (H2), was tested by calculating Pearson's correlation coefficient, and by using multiple regression analysis, including the bootstrapping method. As it can be seen in Table 4, the occurrences of ethical dissonance at work systematically and positively correlate with almost all measures of the incidence of psycho-physical health disorder symptoms in employees. According to the magnitude of correlation coefficients, it can be concluded that ethical dissonance probably contributes to the onset of depressive reactions, fear and anxiety, symptoms of disorders of social functioning, but also to the occurrence of fatigue.

A significance of three types of ethical dissonance as predictors of psycho-physical health disorder symptoms was examined in a series of multiple regression analyses, first considering a measure of the overall health, and then with respect to five aspects of health. As Table 5 shows, all regression models are statistically significant at the 0.01 level.

Table 4
Correlations of frequency of ethical dissonance at work and symptoms of psycho-physical health disorders

Variable	Total Ps-Ph. Health	Physical Health	Fear and Anxiety	Depression Reactions	Fatigue	Social Funct. Disorder
Total of ethical dissonance at work	.42**	.22**	.37**	.38**	.34**	.35**
Harassing others	.31**	.12	.28**	.28**	.26**	.28**
Deceiving for the Org. Benefit	.30**	.16*	.27**	.30**	.25**	.22**
Supporting the Wrong Person	.32**	.21**	.28**	.28**	.26**	.28**

Note. * $p < .05$. ** $p < .01$.

Table 5
Regression models of employees' health predicted by three types of ethical dissonance

Criteria	*R*	R^2	df_1, df_2	*F*	*P*
Total psycho-phys. Health	.42	.18	3, 22	15.73	.00
Physical Health	.23	.05	3, 22	4.02	.01
Fear and Anxiety	.37	.14	3, 22	11.95	.00
Depression Reactions	.39	.15	3, 22	12.84	.00
Fatigue	.35	.12	3, 22	10.25	.00
Social Functioning Disorder	.35	.12	3, 22	10.38	.00

Note. R – multiple correlation coefficient; R^2 – multiple determination coefficient; *df* – degrees of freedom; *F* – value of F-test; *p* – significance level.

We can state that the three forms of external ethical dissonance form 18% of the common variance with measures of the overall health disorders, and that they predict between 5% and 15% of the variance of five facets measures of psycho-physical health.

Table 6 also shows that almost all types of ethical dissonance are statistically significant predictors of both overall and individual aspects of health disorders. It can be emphasized that particularly the pressure to harass others predicts the disorder of almost all individual aspects of health. The ethical dissonance occurred due to such pressure most conclusively predicts the onset of fear and anxiety, as well as a disorder of social behavior. Deceiving others to maximize benefits to organization is the type of ethical dissonance that better predicts the onset of depressive reactions in employees, while the pressure to support the wrong people covariates with the symptoms of physical health disorders, and the disruption of relationships with others.

Table 6
Significance of ethical dissonance types as predictors in employee health models (N = 224)

	Predictors								
	Supporting the wrong person			Harassing others			Deceiving for the org. benef.		
Criteria	β	*t*	*p*	β	*t*	*p*	β	*t*	*p*
Total p-f. Health	.17	2.41	.02	.20	2.91	.00**	.20	3.06	.00
Physical Health	.16	2.06	.04	.04	.53	.60	.09	1.35	.18
Fear and Anxiety	.13	1.86	.06	.19	2.77	.01**	.18	2.70	.01
Depression Reactions	.14	1.88	.06	.17	2.54	.01**	.21	3.19	.00
Fatigue	.12	1.71	.09	.18	2.56	.01**	.17	2.52	.01
Social Funct. Disorder	.15	2.12	.04	.19	2.75	.01**	.12	1.84	.07

The stability of resulting regression models could be tested by introducing moderators such as: type of organization, gender, age, work experience, educational level, organization with a developed ethics program or organization without such a program. However, due to the limits of this text, the moderating effect of these factors is addressed subsequently, and the results reported in a future paper.

The following analyses test the expectation that there are differences in the frequency of ethical dissonance among trainees different by gender (H3) and years of service (H4), that is, that these groups of employees are potentially different in the level of pressure to behave unethically at work. The results of the analysis of gender differences confirm H3. They show that male, $M = 14.83$; $SD = 4.83$, and female, $M = 15.29$; $SD = 5.34$, employees do not differ significantly in the frequency of externally caused overall ethical dissonance, $t(222) = .50$, $p = .62$, nor in the frequency of the three specific forms of ethical dissonance at work.

The results also confirm H4, indicating that three groups of employees differing in years of service have self-assessed significantly different levels of ethical dissonance, the foremost as being pressured to deceive for the benefit of their organization, $F(2, 221) = 5.72$, $p < .01$. Post-hoc comparisons show that employees with up to 5 years of service report significantly more frequent pressure to deceive others than employees with more than 15 years of service. Due to the deviation from normality in the variable deceiving for the benefit of the organization, as well as a statistically significant homogeneity of the variance test, the bootstrapping method was applied. 1,000 samples produced in this way show that the estimated standard errors of differences between the groups have the same sign. Accordingly, the same conclusion was reached about the statistical significance of the differences between the first and the third seniority group according to the pressure to deceive others for the benefit of the organization (Figure 5).

Figure 5. Differences between seniority groups according to the pressure to deceive for the benefit of the organization ($N = 224$)

Discussion

The aim of this paper was to investigate the frequency of externally induced ethical dissonance at work, and to analyze possible effects that frequency of ethical dissonance had on the psycho-physical health of employees. Based on indirect findings in previous research, it was assumed that the frequency of externally induced ethical dissonance at work correlateed significantly with the frequency of psycho-physical health disorder symptoms in employees. Also, it was expected that ethical dissonance occured equally in different gender groups, unequally in public and private sectors, and unequally among groups of employees differing in years of service. The results were interpreted in accordance with the Theory of Self Preservation, the Cyclic Model of Ethical Dissonance at Work, and with the conceptual determination of external ethical dissonance at work offered here.

We found that 72% of surveyed employees reported to be in a state of ethical dissonance at least once in the past year, that over 20% in this group estimated that ethical dissonance occured moderately to very often. This situation also occurred more frequently among employees in the private sectors than in the public sector. Since similar research has not yet been conducted, these results cannot be compared to other findings, but they certainly indicate that the percentage of employees exposed to pressure to act contrary to organizational ethical standards (e.g., corruptively) is very high.

Testing the H1 hypothesis has shown that, in relation to the companies in the public sector, employees in private companies are significantly more likely to be exposed to pressure to deceive others for the sake of maximizing benefits for the organization. When the two sectors are compared according to two remaining dimensions of external ethical dissonance (harassing others, and supporting the wrong person), it has been found that the existing differences are not statistically significant. Specifically, employees in the private sector are more often pressured to provide wrong information about a product, to charge more expensively than the price list, and to break down on the product whenever they can. According to the theory of self-preservation (Ayal & Gino, 2011), and to results of the previous research (Aquino & Reed, 2002; Bazerman & Tenbrunsel, 2011), such pressure creates a state of ethical dissonance, because one wants to retain the image of oneself as a moral person, and wants to avoid the temptation to oppose organizational ethical standards. Of course, in the organizational context, such pressure cannot be easily avoided. Avoidance is often related to risk concerning the organizational status, as well as security of employment. Individuals and groups that exert pressure use various methods of coercion and reinforcement, seeking to change a person's behavior. This often involves corrupt rationalizations as a means of resolving the state of ethical dissonance. The final result of the spread of this pressure is a change of ethical climate in the work environment, that is, a change in the perception of organizational ethical standards and practices, and their relativization. This

situation, if it is followed by the promotion of a "new ethic", probably leads towards favoring particular goals at the expense of organizational interests, which can be considered as a process of corrupting employees' attitudes and behavior (Ashforth & Anand, 2003; Majstorović, 2012).

The hypothesis regarding association between frequency of external ethical dissonance and psycho-physical health (H2) has been supported. The correlation of obtained coefficients indicate that measures of ethical dissonance at work and measures of health disorders share over 16% of variance. We have found that measures of the incidence of ethical dissonance as a whole and its three dimensions systematically and positively correlate with almost all measures of the incidence of psycho-physical symptoms of health disorders in employees. Firstly, ethical dissonance probably contributes to the onset of depressive reactions, fear, anxiety, and symptoms of disorders of social functioning, but also to the occurrence of fatigue. An interesting finding is that the pressure to support the wrong person in the organization contributes most to disorders of physical health.

The analysis of prognostic models has shown that all five aspects of health can be predicted based on the frequency of ethical dissonance caused by external pressure at work. According to a number of significant "β" coefficients, it has been observed that Harassment of Others is the type of ethical dissonance that best predicts the incidence of symptoms of mental health disorders, most notably the occurrence of fear and anxiety, impaired social functioning, as well as depressive reactions and fatigue. This is in line with research findings whereby perpetrators, as well as targets of mobbing, experience health impairment and personal well-being disorders (Evans, et al., 2007). More detailed analyses show that the forced harassment of others probably produces specific symptoms in the perpetrator of the harassment, such as heightened fear of others, $r(222) = .28$, $p = .00$, tension and nervousness, $r(222) = .27$, $p = .00$, the tendency to avoid meeting others, $r(222) = .26$, $p = .00$, and decreased enjoyment in talking to others, $r(222) = .26$, $p = .00$.

The second most important predictor of employees' health disorders is Deceiving others to maximize the benefits of an organization, which predicts an onset of depressive reactions, fear and anxiety, and fatigue. In absence of research on the effects of deceiving others on health of the offender, whose findings would be compared, here we will only list and discuss the findings of this research. Externally imposed deceiving of others contributes to the occurrence of depressive reactions, such as loss of appetite, $r(222) = .28$, $p = .00$, doubts about one's own ability to work, $r(222) = .27$, $p = .00$), and the impression that what the person is doing has lost its meaning, $r(222) = .20$, $p = .00$. In addition, deceiving others is likely to cause: fear for no clear reason, $r(222) = .28$, $p = .00$, the feeling of quickly losing "freshness of spirit", $r(222) = .25$, $p = .00$, the impression of never getting enough sleep, $r(222) = .22$, $p = .00$, as well as tension and nervousness, $r(222) = .19$, $p = .00$.

Finally, externally imposed Providing Support for the wrong people in an organization probably has a significant effect on health, and is the only ethical dissonance state that is likely to contribute to physical health disorders. This is manifested in the form of gastrointestinal problems and gastritis, $r(222) = .23$, $p = .00$, as well as in a sense of physical exhaustion, $r(222) = .17$, $p = .01$. In addition, it covariates with the frequency of symptoms of social functioning disorder in the form of a reduced enjoyment in talking to others, $r(222) = .26$, $p = .00$, and avoidance of others, $r(222) = .25$, $p =. 00$.

Previous research has found that people seek to preserve integrity and avoid behaving unethically (Aquino & Reed, 2002; Bazerman & Tenbrunsel, 2011). Accordingly, the findings of this research suggest that such avoidant behavior likely presents an effort to preserve health. If pressure to break organizational ethics cannot be avoided, one probably pays the price in weakened health, mainly mental health. Our results indicate that harassing others for the sake of someone else's interest means becoming instrumentalized as a person, which can contribute to the onset of fear, depressive reactions, a disruption in relationships with others, and states of exhaustion (fatigue). Equally, deceiving others about the company's products and services diminishes the employee's self-confidence and ability to work, seeing as it deprives him or her of too much energy. Finally, the pressure to support the wrong people in the organization probably contributes to the occurrence of difficulties with digestion, to the feeling of physical burnout, and to disruptions in relationships with others.

Results also reveal that women and men report an equal frequency of external ethical dissonance at work, that is, they are approximately equally exposed to pressure to act contrary to the organizational ethics. A very important finding is that employees with up to 5 years of work experience are significantly more likely to deceive and harass others than employees with over 15 years of service. This could mean that younger people and newcomers in the organization are targeted by those who are prone to corrupt others, either by requiring from newcomers to deceive, abuse, or support persons who will support them in return. Due to probable absence of a developed ethics program in organizations, these findings could also mean that part-time employees and novices are recruited and "socialized" in an opportunistic attitude towards organizational and/or professional ethics. Since the usual motivation for this is to favor particular interests of corrupt individuals and groups at the expense of the interests of the organization, these individuals or groups will, by introducing new members, work to preserve or further strengthen the corrupt ethical climate in the organization (Majstorović, 2012). The results of this research indicate that the expansion of corrupt behavior (behavior contrary to organizational ethical principles) is likely to lead to the impairment of employees' mental health, which explains why people generally feel disadvantaged in such an environment. The problem in many organizations is that there are no developed mechanisms within the ethics program which can be put in place by employees in order to protect themselves from corrupting influences, and

thereby exercise their right to a healthy work environment. For the first time, this research suggests that corruptive influences could pose a real threat to the employees' health, and could restrict their right to a healthy work environment.

Due to a cross-sectional and correlational research design, this study cannot establish a causal relationship between ethical dissonance measures and measures of health. However, it is less likely that symptoms of psycho-physical health disorders in employees precede the occurrence of ethical dissonance at work, nor that the frequency of external ethical dissonance somehow affects the formation of conditions prevailing in private or public organizations.

A significance of this research is that it is the first to discuss the health consequences of corrupting members of an organization. The results show that employees share negative feelings in corrupt organizations, because the pressure to behave unethically leads to fear and insecurity, depressive reactions, and disruptions in relationships with others. The future research should validate these findings within organizations where there is a developed and active ethics program. In particular, the future research should examine the effects of numerous moderator and mediator variables on this relationship. For example, expected moderating effects could be the size of an organization, type of organizational culture and ethical climate, and periods before and after a crisis in a company's business.

Conclusion

The main objective of this study was to analyze the relationship between the frequency of externally induced ethical dissonance at work and the incidence of symptoms of psycho-physical health disorders. The results clearly showed that external ethical dissonance was a frequent state in employees, who were often asked to act in a manner that was contrary to the organizational work ethic. External ethical dissonance was found in 72% of employees, significantly more often in organizations in the private sector than in the public sector. Furthermore, the findings also showed that conforming to unethical pressure in the organization, more precisely, deceiving others for greater benefit to the organization, harassing others and/or supporting the wrong persons in the organization, was likely to impair the perpetrator's health. We found that a greater frequency of external ethical dissonance at work probably contributed to a more frequent occurrence of depressive reactions, fear and anxiety, states of fatigue, as well as disruptions in relationships with others at work. The results also indicate that the forced support for the wrong persons probably leads to physical health disorders in the perpetrator. The significance of these findings is that they discuss, for the first time, the link between employees' health and their exposure to pressure to act corruptly. The future research should examine moderating and mediating effects of individual,

group and organizational factors on the relationship between external moral dissonance and psycho-physical health.

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MORALNA DISONANCA NA RADU I PSIHOFIZIČKO ZDRAVLJE ZAPOSLENIH

Cilj ovog istraživanja bio je utvrditi učestalost javljanja moralne disonance na radnom mestu kao i njene moguće posledice po psiho-fizičko zdravlje kod uposlenika. Etička disonanca definisana je kao stanje nastalo usled nesklada odluke ili akcije uposlenika i etičkih standarda važećih u organizaciji, pre svega, stanja izazvanog usled neetičnih zahteva postavljenih uposleniku od strane menadžmenta. Na uzorku od 311 uposlenika oba pola, zaposlenih u privatnom i javnom vladinom sektoru (56.7% u javnom vladinom sektoru), različitog obrazovnog nivoa, različite starosti i radnog staža, primenjene su mere psiho-fizičkog zdravlja, mere učestalosti etičke disonance na radu i upitnik demografskih karakteristika. Rezultati pokazuju da od 311 ispitanika njih 72% izveštava da je u poslednjih godinu dana barem jednom bilo u stanju etičke disonance, tako da su analize relacija merenih konstrukata sprovedene na ovih 224 uposlenika. Faktorizacijom upitnika SUED2R nađeno je da se mere etičke disonance, prema vrsti neetičnog zahteva, razvrstavaju u tri indikatora: laganje u korist organizacije, uznemiravanje drugih i podržavanje pogrešnih ljudi. Utvrđeno je da je učestalost etičke disonance značajno veća u privatnom nego u državnom sektoru, da povećana učestalost disonance na radu (posebno pritiska da se uznemiravaju drugi) kovarira sa povećanom učestalošću simptoma poremećaja svih merenih aspekata zdravlja. Zaključeno je da pritisak ka neetičnom (koruptivnom) ponašanju i nerazvijenost mehanizama zaštite od takvog pritiska u organizacijama verovatno doprinose narušavanju psiho-fizičkog zdravlja uposlenika. Značaj ovog istraživanja je u tome što je, po prvi put, jasno utvrđeno da je pritisak ka koruptivnom ponašanju povezan sa zdravljem uposlenika.

Ključne reči: etička disonanca, korupcija, psihofizičko zdravlje, radna etika, zaposleni